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ABSTRACT

Citations to 21 journal articles and 14 documents, reports, and monographs comprise this supplementary annotated bibliography on the subject of Area Health Education Centers (AHECs). The topics covered by these items include the general nature, purposes and functions of AHECs; discussions and descriptions of specific AHEC programs; AHECs and medical education; libraries and learning resources within AHECs; AHECs and pharmacies; the allied health professions and the role of AHECs; health careers in AHECs; and dentistry and AHECs. (ESR)

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FIRST SUPPLEMENT TO:

AREA HEALTH EDUCATION CENTERS (AHECs)

An Annotated List of Articles, Documents and Monographs

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March 1982

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ARTICLES

GENERAL

Hatch, T. D., "Balancing Geographic Distribution," Internist 21(6):6-7+, July/August 1980. (The author, who was acting director of the DHHS, Bureau of Health Professions briefly outlines several federal initiatives to remedy maldistribution of health manpower, including the NHSC and AHEC programs.)

Rettie, L. L., "Affecting Health Personnel Distribution through AHECs," J.Allied Health 10(2):114-119, May 1981. (Presents a good review of U. S. Government involvement in the training and influencing of distribution of health professionals. Particular attention is given to the 1970 Carnegie Commission Report, and legislation that followed. The author finds it encouraging to note many of the Commission's goals are being met by AHECs.)

SPECIFIC

Fulton, D. P., et.al., "Strategies for a Statewide Approach to Improving Geographic Distribution of Health Professionals," J.Med.Educ. 55:865-871, October 1980. (Discusses strategies for improving maldistribution of health professionals through a coordinated statewide approach, using South Carolina to illustrate the concept and potential of such an approach. Suggests that permanent retention in underserved areas is unlikely and provisions should be made for planned turnover.)

Larson, J. G., "A New Law Affects Virginia's Physician Shortage," Virginia Medical 105(1):36-38, 1978. (Discusses briefly the Carnegie report, Progress and Problems in Medical and Dental Education, 1976, and the Health Professions Education Assistance Act of 1976. Special attention is given to four elements: AHECs, NHSC scholarships, increased production of more primary care physicians, and restrictions on the flow of FMGs into the U. S.)

"Tuskegee Area Problem Attempts to Link 'Black Belt' Health Sciences," Urban Health 9(7):30-34, September 1980. (Describes the Tuskegee AHEC in Alabama, a consortium of 20 organizations and agencies representing community groups, universities, colleges, government and hospitals. It has received funds from various sources, including RMP and the VA. Their services include manpower development, analysis and planning, special project development, work shop development and coordination, evaluation and assessment, consumer health education, etc.)

MEDICAL EDUCATION

Kitzis, E. S., "Planned Change within Professionally Dominated Systems: The Case of Medical Manpower Distribution," Abstr.Health Care Manage.Stud. 15(1)(19524 MD:354p). (Examines the AHEC program implemented by Tufts University in Maine where the primary objectives were to decentralize undergraduate medical education and regionalize health care training and service capabilities.)

Krugman, R. D., et.al., "Effectiveness of the AHEC Concept in Colorado," J.Med.Educ. 57(2):87-90, February 1982. (Presents data that supports the concept of decentralized medical education through student preceptorships.)

Martin, L. F., et.al., "The Initial Impact of a Surgical AHEC Program on Medical Students' Career Decisions," J.Med.Educ. 56(10):812-817, October 1981. (A report on a five-year program at the University of Louisville that sent medical students to a rural area to receive their core surgical clerkship experience. The effect on residency selection is examined.)

Moritsugu, K. P. and Burnett, W. H., "Federal-State Synergy in Family Medicine Education," J.Fam.Pract. 13(1):83-87, July 1981. (The authors, from the Bureau of Health Professions, Health Resources Administration and the California Health Manpower Policy Commission, describe the "synergistic results" of coordination of federal and state resources to develop and expand family practice in California, and refer to California AHEC activities.)

PHARMACY

Paoloni, C. U. and Webb, C. E., "North Carolina AHEC Model Pipeline for Pharmacy Education," Amer.Pharm. NS20(9):55-58, September 1980. (Describes briefly the North Carolina AHEC and the School of Pharmacy program. The latter utilizes AHECs for externships and plans to involve them in graduate, professional and scientific degree programs. The article also looks at the community impact of AHECs.)

Shearer, S. W., "Clinical Pharmacy-One North Carolina Perspective," No.Carolina Med.J. 42(1):43-44, January 1981. (A brief description of the partnership between clinical pharmacy and medicine as developed through the North Carolina AHEC.)

DENTISTRY

Carlson, H. C., et.al., "UMKC Preceptorship Program," J.Missouri Dental Assoc. 58(7):8-16, August/September 1978. (Describes the methodology and results of an evaluation of the preceptorship program at the University of Missouri-Kansas City School of Dentistry. Survey questionnaires were completed by both preceptor and preceptee.)

Levine, D. U., et.al., "Measuring Dental Manpower", J.Missouri Dental Assoc. 59(2):17-22, February 1979. (Describes an evaluation study of a dental preceptorship program sponsored by the Western Missouri AHEC. The program was intended to increase the likelihood of graduates to practice in "high need" communities.)

Milone, C. L., "Area Health Education Centers--A Means of Extending the Dental School into Communities of the State," No.Carolina Dental J. 57(1):19-20, January 1974. (A brief description of the development of AHECs by the University of North Carolina at Chapel Hill, with special focus on the dental programs: continuing education, as well as education for dental students and dental auxilliaries.)

ALLIED HEALTH

Clark, S. L. and Schlachter, S., "Development of Clinical Education Sites in an Area Health Education System," Phys.Ther. 61(6):904-906, June 1981. (Briefly describes how the AHECs in Kentucky offered the opportunity for additional, non-traditional clinical sites for training physical therapists. The program exposed students to rural practice, improved recruitment to underserved areas, and decreased the exodus of graduates from the state.)

Gaffke, J. K., "Professional Dietetic Education: A Consortium Approach," Mich.Hosp. 17(4):13+, April 1981. (Describes a program to train dietetic interns through a tri-city consortium of six hospitals, which was established through a VA-sponsored AHEC in Michigan.)

Leist, J. C., "Management Development is Imperative in Small/Rural Hospitals," Cross-reference on Human Resources Management (AMA), 10(5):1-3, September/October 1980. (Briefly describes a six-month program, sponsored by a North Carolina AHEC, to provide management training for hospital department heads. It was designed to improve individual skills as well as develop a management team within the hospitals.)

LIBRARIES/LEARNING RESOURCES

Lambremont, J. A., "The Librarian who has Wings," Hosp.Libr. p. 39, Summer 1980. (An interview with Jane A. Lambremont, AHEC Liaison Librarian, University of North Carolina at Chapel Hill. The AHEC program began in 1973 and is now entirely state supported, with learning resource centers in nine separate areas.)

HEALTH CAREERS

Chesney, A. P., et.al., "Sociologic and Demographic Factors Related to Geographic Stability among Allied Health and Nursing Personnel," J.Health Soc.Behav. 21(1):48-58, March 1980. (Varibles related to

geographic mobility are examined in former students in health career programs in South Texas. Upward social mobility is found to have a significant relationship to geographic stability. Implications of the study on AHECs is discussed.)

Philips, B. U., et.al., "Minority Recruitment to the Health Professions: A Matched Comparison Six-Year Follow-Up," J.Med.Educ. 56(9):742-747, September 1981, Part I. (This is a study of a program developed by the University of Texas Medical Branch AHEC to affect the supply and distribution of health manpower in a medically underserved area.)

Weiss, L. D., et.al., "Scholarship Support for Indian Students in the Health Sciences: An Alternative Method to Address Shortages in the Underserved Area," Publ.Health Rep. 95(3):243-246, May/June 1980. (Describes a program that the University of New Mexico AHEC helped establish which is an alternative to the federally funded financial loan programs with pay back clauses. Indians who expressed an intention to work in underserved areas were identified and encouraged, were supported by a program administered by Indians and were offered counseling to reinforce their original intent. The outcome of the AHEC Scholarship Program demonstrated a high proportion of students will return to the targeted areas.)

DOCUMENTS, REPORTS and MONOGRAPHS

GENERAL

Blockstein, W. L., "Groping Toward a National Policy Involving Regional Efforts for Improved Health-Service Delivery" In: Fostering the Growing Need to Learn: Monographs and Annotated Bibliography on Continuing Education and Health Manpower, Health Resources Administration, Rockville, MD, DHEW Publ. No. (HRA) 74-3112, 606 p., 1974. (Discusses elements in the national health strategy and relates them to regional approaches. Includes some consideration of the concept of the area health education and service center.)

Compendium of the National AHEC Conference, An Evaluation of the State of the Art - 1980, Shoreham Hotel, Washington, D.C., August 25-27, 1980, California Area Health Education Center System (1981) (Summaries based on notes of several conference attendees and panelists.)

Dernburg, J., et.al., National AHEC Evaluation, Final Report, Contract Research Corp., Belmont, Maine (Health Resources Administration, Office of Planning, Evaluation and Legislation), 332 p., December 31, 1979. (An evaluation to (1) describe the nature and development of the first-generation AHECs and how inter-institutional ties have impacted on the environment, (2) measure the effect on geographic and specialty distribution in comparison with a sample area without an AHEC, and (3) study the assumptions between creating the system and training the manpower within it, on the one hand and improving access to care and its quality, on the other. Includes profiles of the 11 first-generation AHECs.)

Foley, H. A., "Future Direction of AHECs," Proceedings held at Florence, South Carolina, July 21, 1979, Health Resources Administration, 1979. (Describes the history and the future of AHECs in South Carolina. Past accomplishments include the development of a statewide undergraduate medical education system and a system of family practice residencies, and training services to

smaller hospitals. Future priorities are the development of alternative sources of funding, the expansion of allied health nursing, and the retention of manpower in rural underserved areas of the state.)

Hickey, R. C., Area Health Education Network in Western Pennsylvania: A Conceptual Model, University of Pittsburgh, (Ph.D. dissertation) 1975. (A study to develop a conceptual model of an area health education network for Pennsylvania. The study includes a review of the literature, structured interviews, and the use of health manpower studies. The network consists of centers (each governed by a board of directors) coordinated by a Council, and involves junior and community colleges, community and V.A. hospitals and includes preceptorships, continuing education and research.)

SPECIFIC

Area Health Education Center of the Navajo Health Authority to Establish the Navajo Center for Health Professions Education, Navajo Health Authority, Window Rock, Arizona, 48 p., 1972. (Describes the activities planned by the Prime Contractor, the University of New Mexico, to initiate a Center, assist the Navajo people, determine needs, develop curriculum, initiate affirmative action, develop a health career ladder, and incorporate traditional Navajo healing sciences into existing health programs.)

Facts about the Rural Area Education Centers Programs (AHEC) in South Dakota, Department of Education and Cultural Affairs, Division of Higher Education, University of South Dakota, Vermillion, 13 p., 1980

Higgins, P. S., et.al., Recent Changes in the Supply and Distribution of Physicians, Dentists, and Registered Nurses in Minnesota: A Compilation of Available Data, Minnesota University, Minneapolis, Bureau of Health Professions, 50 p., 1980. (A report by the University of Minnesota AHEC which includes data on 1970-1980 changes in the supply and distribution of physicians, dentists, and registered nurses in Minnesota.)

The North Carolina Area Health Education Centers Program: Recommended Program Plan, July 1, 1980 - June 30, 1985, North Carolina University at Chapel Hill, Area Health Education Centers Program, 100 p., 1980. (Presents a 1980-1985 plan for the North Carolina AHECs Program which is a partnership between the University of Health Science Center and the community. As of 1980 there were nine AHECs in the state.)

Western Missouri Area Health Education Center, Evaluation Report on the Effectiveness of each Programs Component, (pagination varies) January 29, 1981.

PHARMACY

Levine, D. U., et.al., Relationships between Geographic Origins, Externship Placement, and Practice Location Subsequent to Graduation of UMKC School of Pharmacy Students, Western Missouri Area Health Education Center, 16 p., September 1981.

Mares, K. R., et.al., 1979 Evaluation of the UMKC School of Pharmacy Externship Program, Western Missouri Area Health Education Center, Kansas City, MO., 65 p., 1979. (Evaluates pharmacy externships, offered in the last academic year, which utilize practicing pharmacists who supervise dispensing and communication skills. The programs take place in hospitals, pharmacies, nursing facilities, etc.)

HEALTH CAREERS

Mares, K. R., et.al., Description and Evaluation of the 1980 Summer Scholars Program, Western Missouri Area Health Education Center, 37 p. (Describes a program to address the problem of under representation of minority and educationally disadvantaged students in educational programs for health professionals. Activities include early identification of promising students to providing continuing education for practicing professionals.)

Mares, K. R., et.al., 1980 Summer Scholars Participants: A Follow-up, Western Missouri Area Health Education Center, 8 p. (Describes the results of a survey of students which indicated the program was successful in attracting students with high potential for careers in health sciences, particularly medicine, and in helping orient and prepare them for success in pursuing such careers after high school graduation.)

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